

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/23/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

t	he terms and conditions of the policy, certificate holder in lieu of such endors	certai	in polic							
_	DDUCER	emen	ii(S).		CONTAC	CT				
McGriff, Seibels & Williams of Oregon					NAME: PHONE 503 043 6634 FAX 503 043 6633					
	00 SW First Avenue, Suite 400 rtland, OR 97201				E-MAIL ADDRE		0021	(A/C, No):	000 040	7 0022
							URER(S) AFFOR	DING COVERAGE		NAIC #
					INSURE		• • • • • • • • • • • • • • • • • • • •			22667
	URED				INSURER A :ACE American Insurance Company INSURER B :					
MV 202	7 Transportation, Inc. and subsidiaries 24 College Street				INSURER C:					
Elk	Horn, IA 51531				INSURER D:					
					INSURER E :					
					INSURER E : INSURER F :					
CC	OVERAGES CER	TIFIC	ATE NI	JMBER:ZX99T8FQ	INCORE			REVISION NUMBER:		
	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTAI	EMENT, IN, THE IES. LIM	TERM OR CONDITION INSURANCE AFFORD	OF AN'	Y CONTRACT THE POLICIE: EDUCED BY F	OR OTHER I S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS
INSF LTR	TYPE OF INSURANCE	INSD V	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED	\$	
	CLAIIVIS-IVIADE CCCUR							PREMISES (Ea occurrence) MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY		ISA	H0905313A		02/01/2017	02/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
	X ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
	76166							(i di docidoni)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
									\$	-
									\$	
									\$ \$	
Re: Wh the	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Trolley #3, 2003 Cable Car, VIN# 3FCMF53 eel Fun Rentals of Santa Barbara Inc. dba \$ ongoing operations of the Named Insured v d exclusions.	SOXJA Santa B	A36192	Trolley #5, 2000 Cable C Trolley. 23 EAST CABRIL	ar, VIN# LO BLV	1FCNF53S72 D. Santa Barb	0A01602 ara, CA 93101	I is named as an Additional		
CERTIFICATE HOLDER				CANCELLATION						
San Pedro Property Owners' Alliance San Pedro Historic Waterfront					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Business Improvement District 390 W. 7th Street San Pedro, CA 90731					AUTHORIZED REPRESENTATIVE Sufficient					

AGENCY CUSTOMER ID:	
I OC #:	



ADDITIONAL REMARKS SCHEDULE

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PRODUCER McGriff, Seibels & Williams of Oregon	INSURED MV Transportation	on, Inc. and subsidiaries				
POLICY NUMBER						
CARRIER	NAIC CODE					
		ISSUE DATE:	01/23/2017			
ADDITIONAL DEMARKS						

	1.1.1.5 5552	ISSUE DATE:	01/23/2017				
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,							
	FORM TITLE:						
Auto Physical Damage							
	CE American Insurance Company 13A						

CERTIFICATE NUMBER: ZX99T8FQ